



State of Washington
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, Washington 98504-7477

Authorization Instructions and Agreement For Electronic Funds Transfer (EFT) Cigarette Tax Stamps

☐ Initial

☐ Change

If change, effective date of change: _____

I. BUSINESS INFORMATION

Business Ownership (Legal Entity):		DOR Tax Reporting Account Number:
Mailing Address (Street Address, Box Number):		
Mailing Address (City, State, Zip Code):		
1. Contact Name:	Title:	Phone No:
2. Contact Name:	Title:	Phone No:

Check Which Type of Payment Authorized:

☐ Cash

☐ Deferred (*must have Deferred Payment Bond*)

Bond Limit _____

II. BANK INFORMATION

<input type="checkbox"/> Automated Clearing House (ACH) Debit
I will be responsible for contacting the ACH Network, indicating the amount and effective date of my payment. I hereby authorize Department of Revenue's designated bank to obtain authorized debit entries for such payments to the bank account listed below. My bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required or until mutual agreement between Department of Revenue and taxpayer can be reached.

Bank Name:	Branch:
Checking Account Number:	Name on Bank Account:
Transit & Routing Number:	

III. AUTHORIZED REPRESENTATIVE SIGNATURE(S)

Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date:

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.